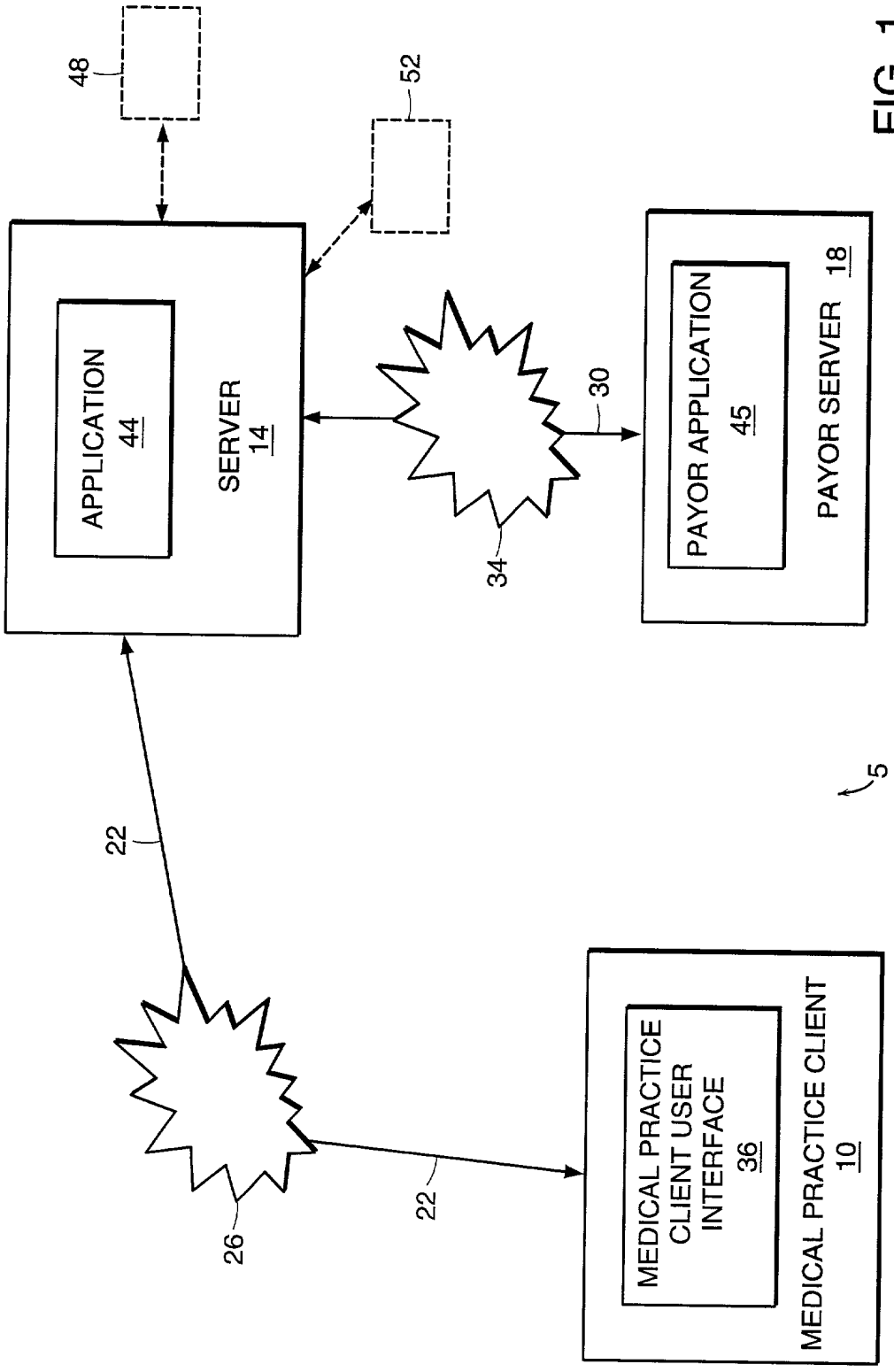
48
52
APPLICATION
44
SERVER
14
30
34
PAYOR APPLICATION
45
PAYOR SERVER
18
5
22
26
22
MEDICAL PRACTICE
CLIENT USER
INTERFACE
36
MEDICAL PRACTICE CLIENT
10

FIG. 1

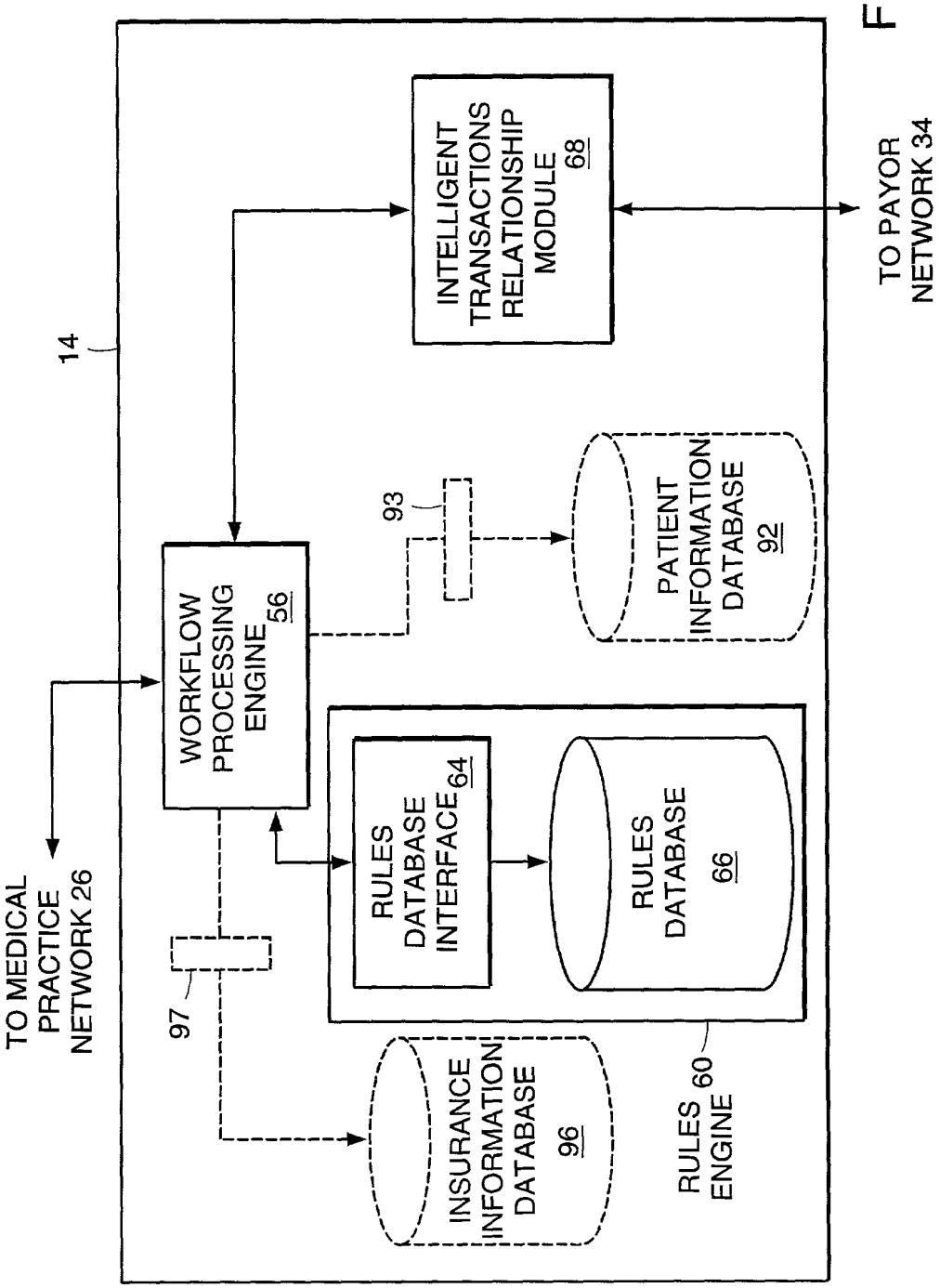
14
INTELLIGENT TRANSACTIONS RELATIONSHIP MODULE 68
TO PAYOR NETWORK 34
WORKFLOW PROCESSING ENGINE 56
93
PATIENT INFORMATION DATABASE 92
RULES DATABASE INTERFACE 64
RULES DATABASE 66
TO MEDICAL PRACTICE NETWORK 26
97
INSURANCE INFORMATION DATABASE 96
RULES ENGINE 60

FIG. 2A

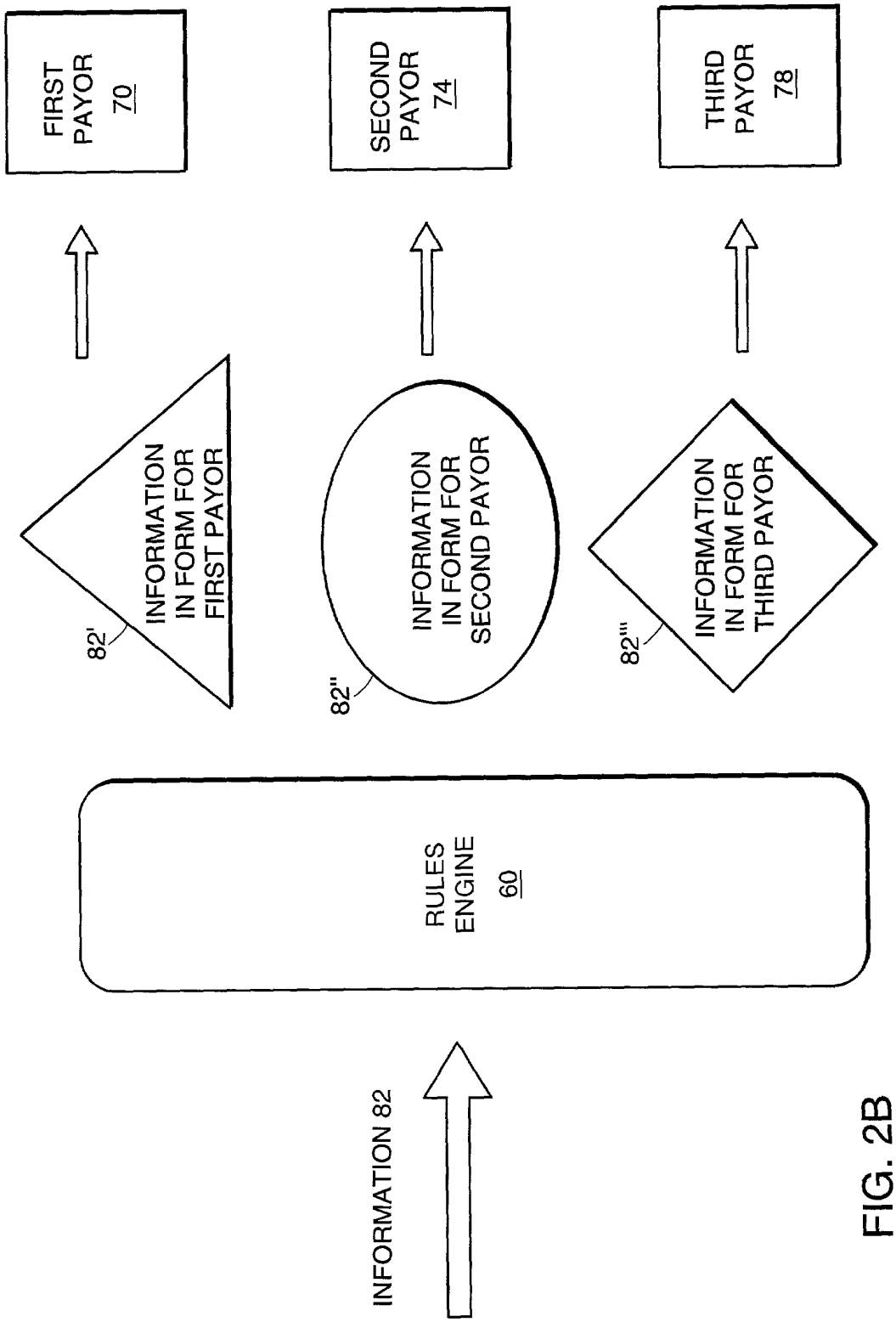
FIRST PAYOR 70
SECOND PAYOR 74
THIRD PAYOR 78
INFORMATION IN FORM FOR FIRST PAYOR
82'
INFORMATION IN FORM FOR SECOND PAYOR
82''
INFORMATION IN FORM FOR THIRD PAYOR
82'''
RULES ENGINE 60
INFORMATION 82

FIG. 2B

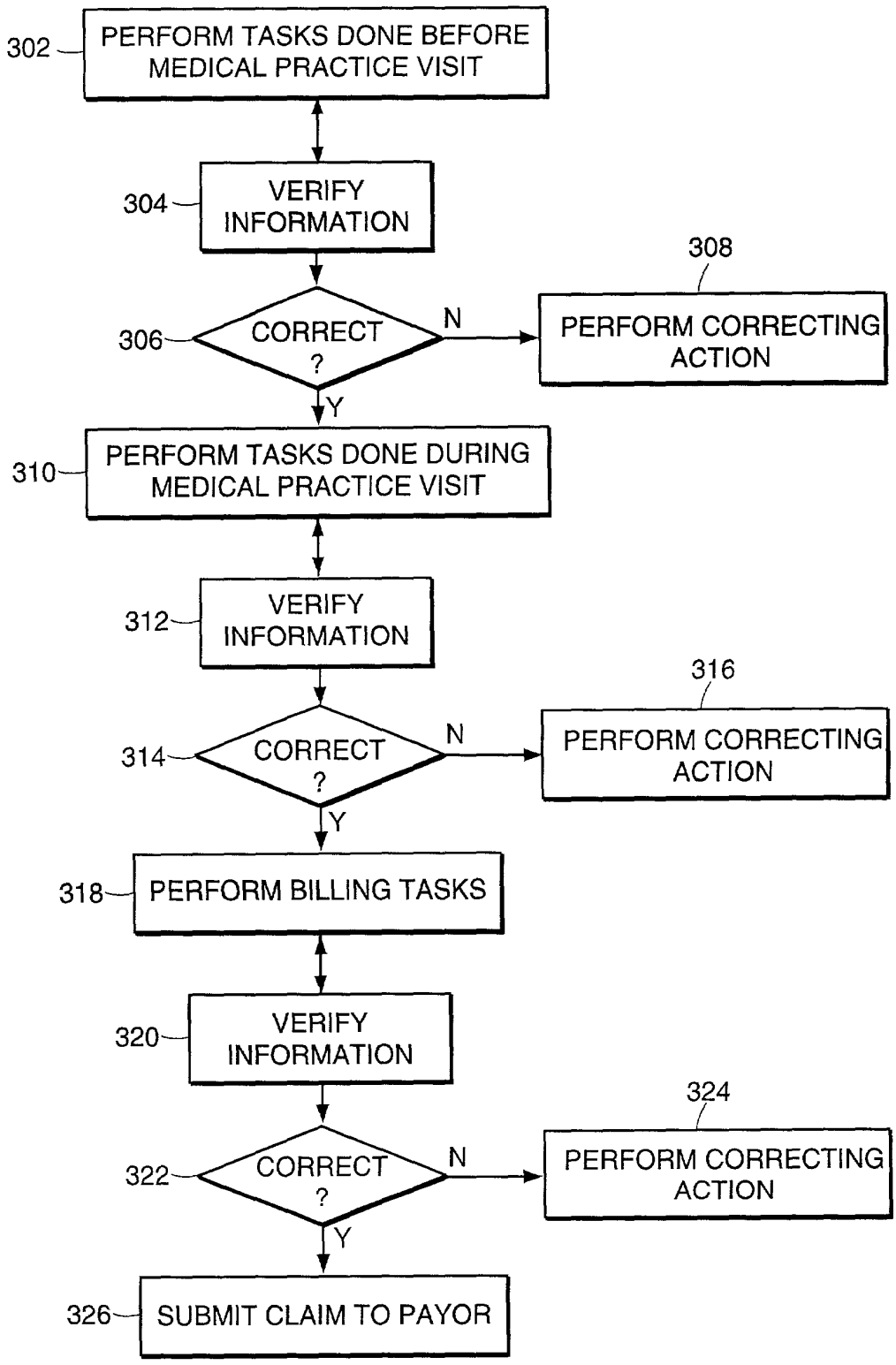
302
PERFORM TASKS DONE BEFORE MEDICAL PRACTICE VISIT
304
VERIFY INFORMATION
306
CORRECT ?
N
308
PERFORM CORRECTING ACTION
Y
310
PERFORM TASKS DONE DURING MEDICAL PRACTICE VISIT
312
VERIFY INFORMATION
314
CORRECT ?
N
316
PERFORM CORRECTING ACTION
Y
318
PERFORM BILLING TASKS
320
VERIFY INFORMATION
322
CORRECT ?
N
324
PERFORM CORRECTING ACTION
Y
326
SUBMIT CLAIM TO PAYOR

FIG. 3A

THE PATIENT WORKFLOW - BEFORE THE MEDICAL PRACTICE VISIT

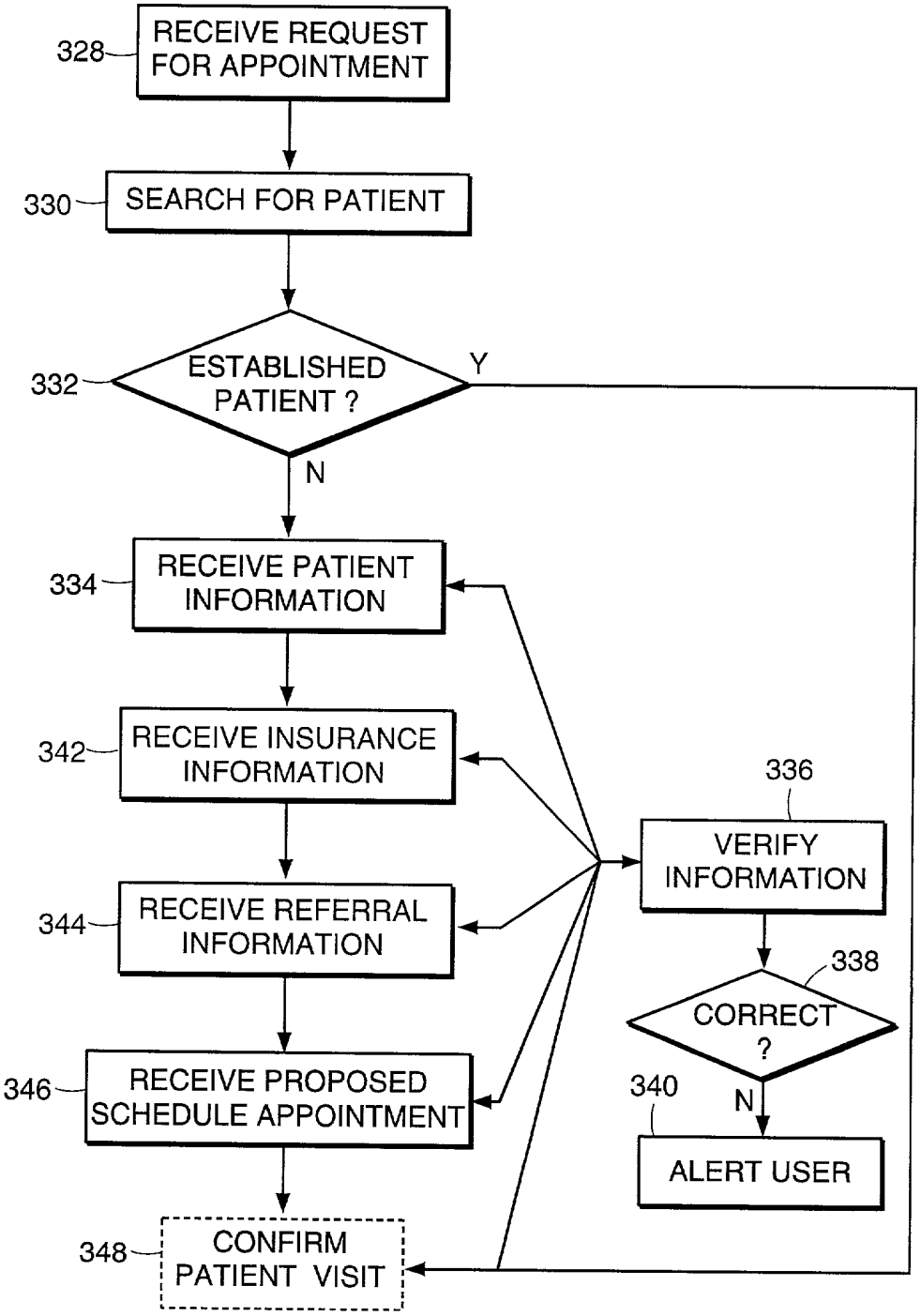

FIG. 3B

PATIENT ELIGIBILITY DETERMINATION

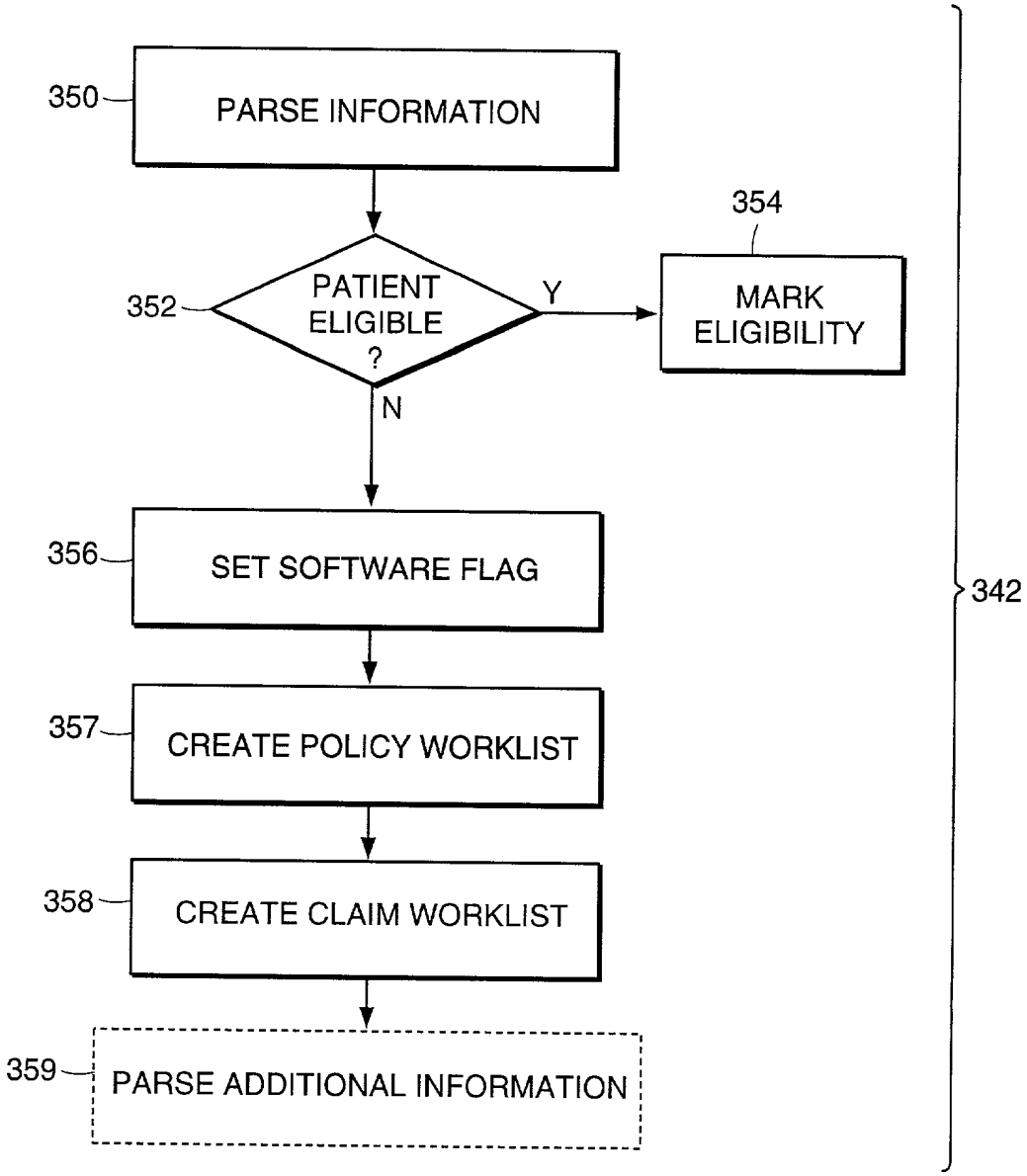

FIG. 3C

PATIENT REFERRAL / PRIOR AUTHORIZATION DETERMINATION

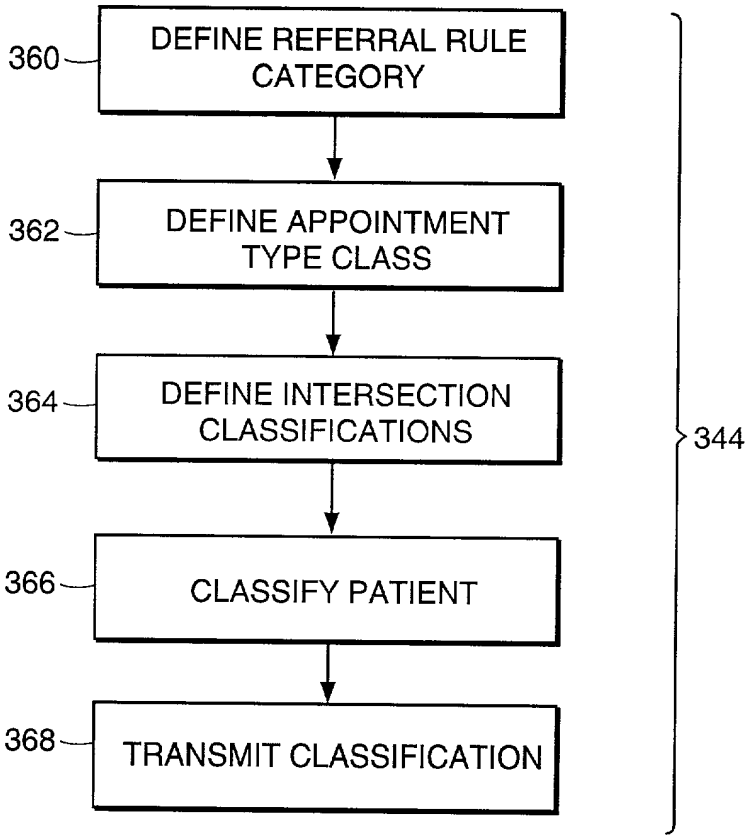

FIG. 3D

THE PATIENT WORKFLOW - DURING THE MEDICAL PRACTICE VISIT

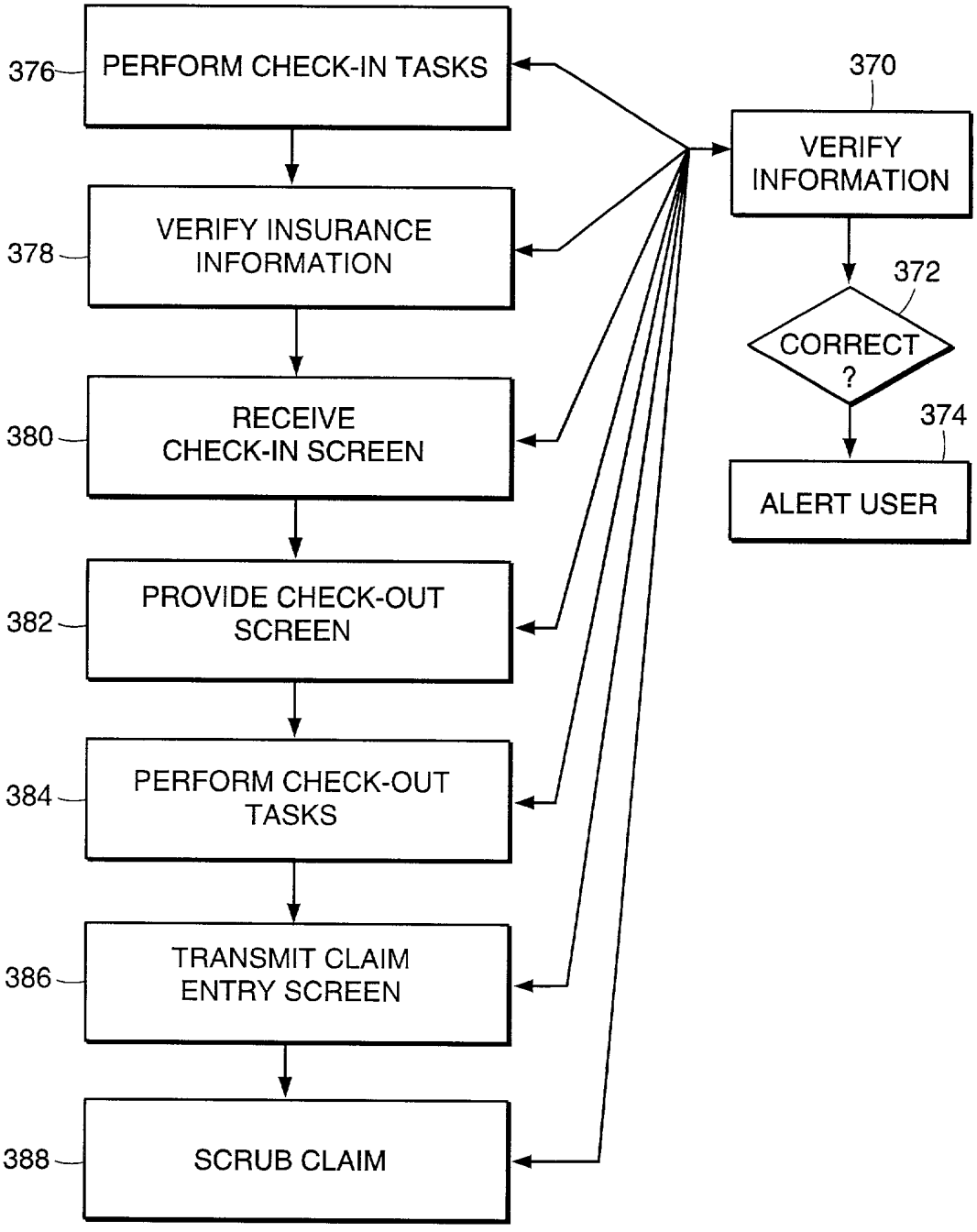

FIG. 3E

THE BILLING WORKFLOW

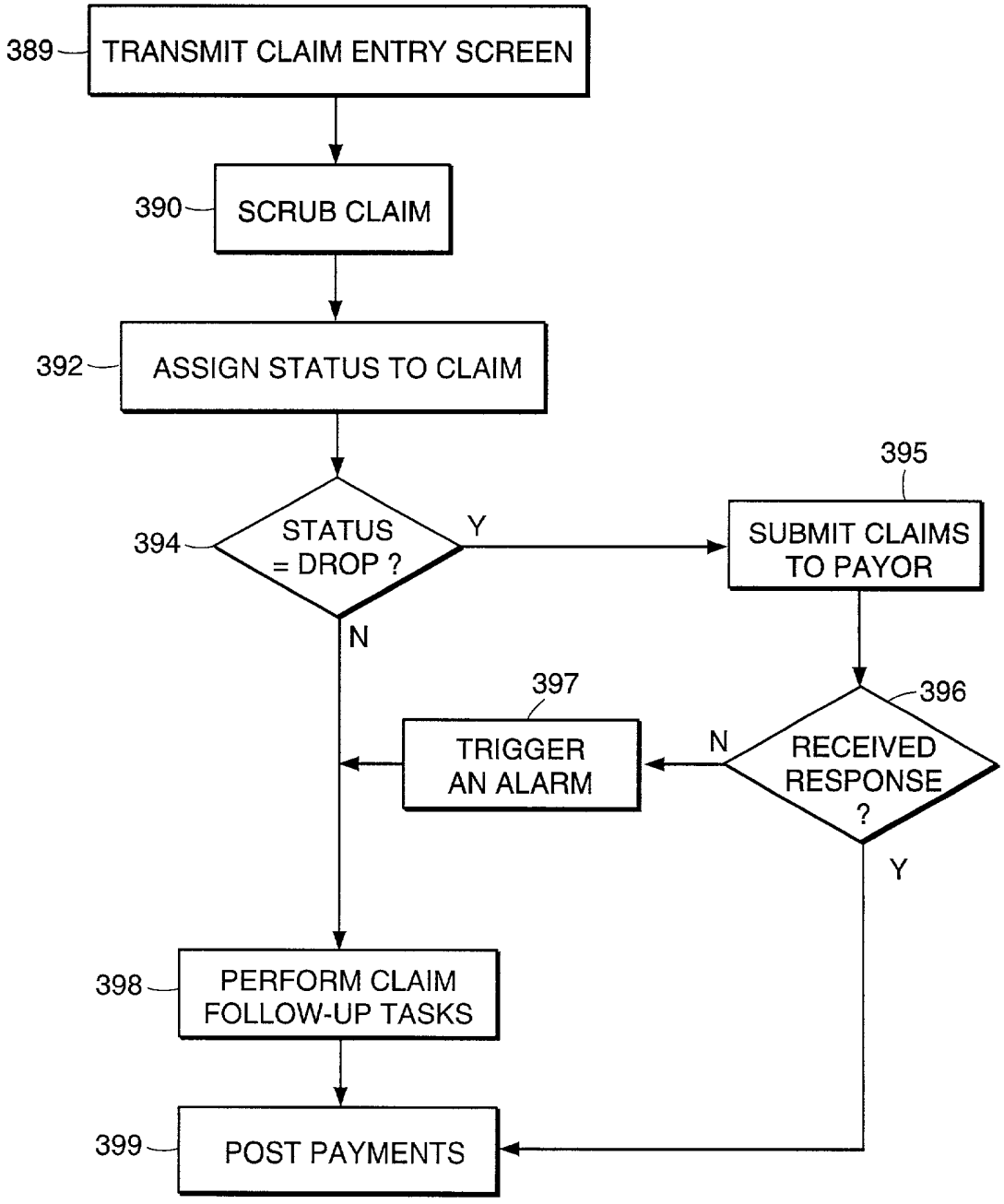

FIG. 3F

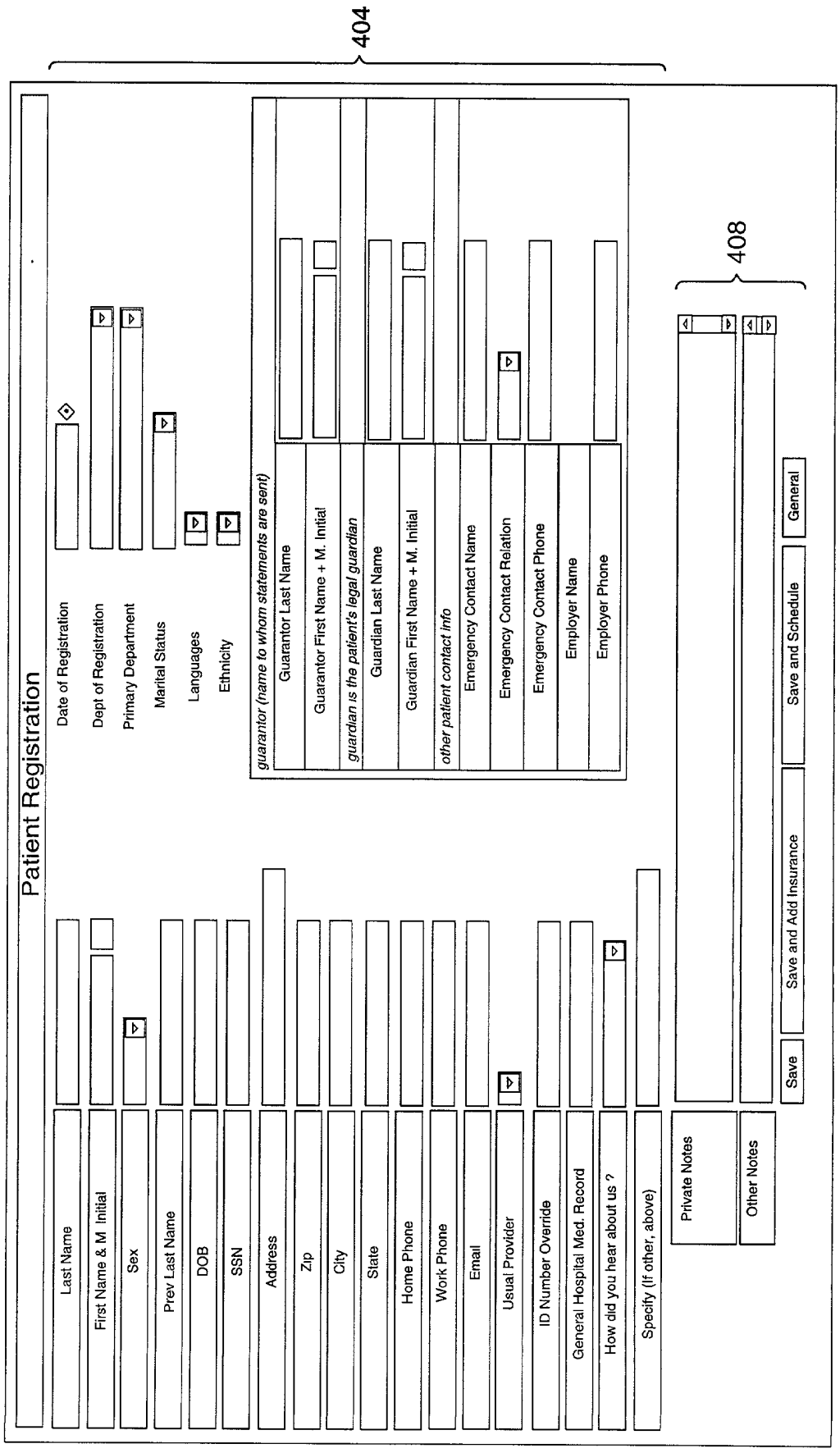
404
Patient Registration
Last Name
First Name & M Initial
Sex
Prev Last Name
DOB
SSN
Address
Zip
City
State
Home Phone
Work Phone
Email
Usual Provider
ID Number Override
General Hospital Med. Record
How did you hear about us ?
Specify (if other, above)
Date of Registration
Dept of Registration
Primary Department
Marital Status
Languages
Ethnicity
guarantor (name to whom statements are sent)
Guarantor Last Name
Guarantor First Name + M. Initial
guardian is the patient's legal guardian
Guardian Last Name
Guardian First Name + M. Initial
other patient contact info
Emergency Contact Name
Emergency Contact Relation
Emergency Contact Phone
Employer Name
Employer Phone
408
Private Notes
Other Notes
Save
Save and Add Insurance
Save and Schedule
General
400

FIG. 4

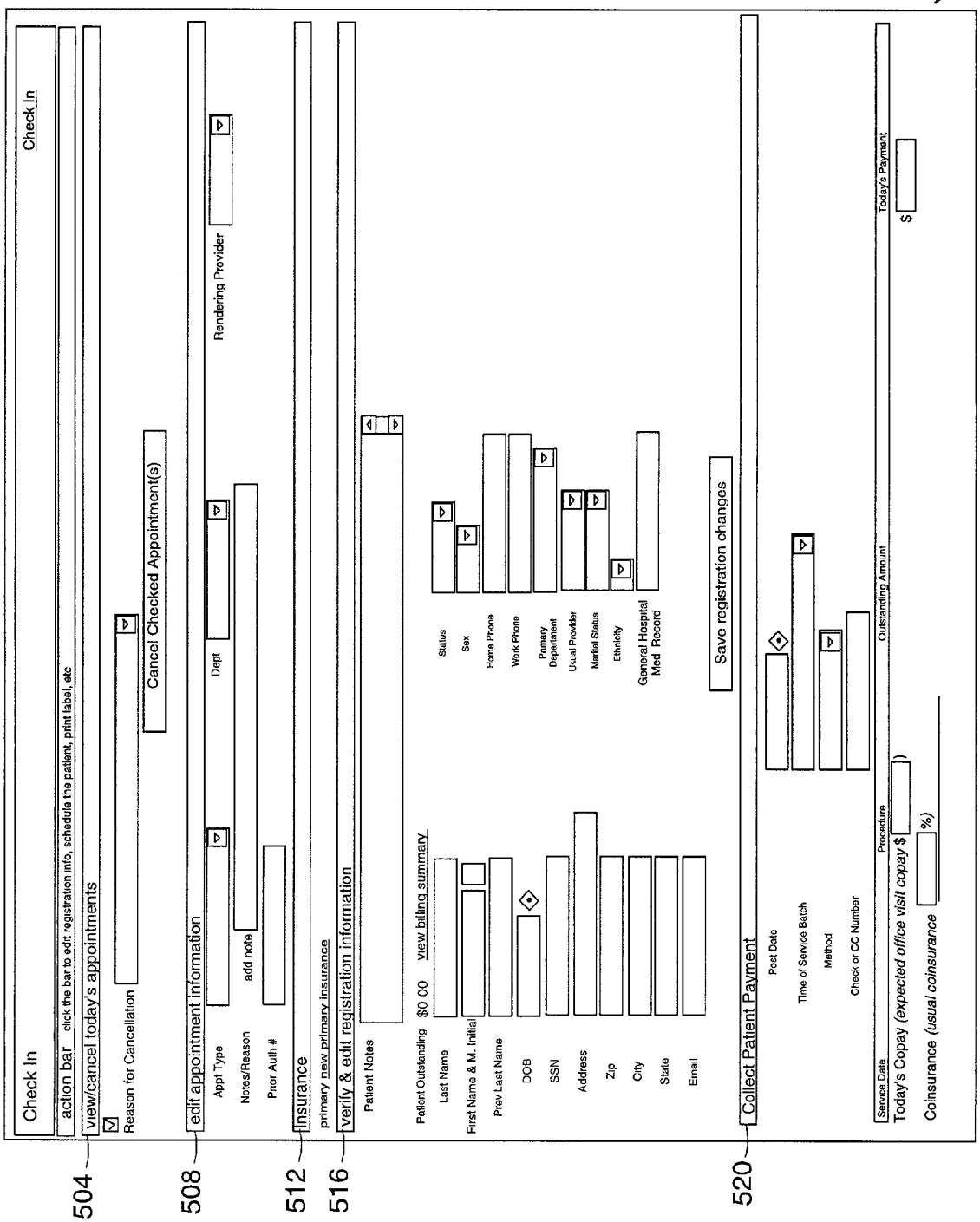
Check In
action bar click the bar to edit registration info, schedule the patient, print label, etc
view/cancel today's appointments
Reason for Cancellation
Cancel Checked Appointment(s)
edit appointment information
Appt Type
Dept
Rendering Provider
Notes/Reason
add note
Prior Auth #
insurance
primary new primary insurance
verify & edit registration information
Patient Notes
Patient Outstanding $0 00 view billing summary
Last Name
First Name & M. Initial
Prev Last Name
DOB
SSN
Address
Zip
City
State
Email
Status
Sex
Home Phone
Work Phone
Primary Department
Usual Provider
Marital Status
Ethnicity
General Hospital Med Record
Save registration changes
Collect Patient Payment
Post Date
Time of Service Batch
Method
Check or CC Number
Service Date
Procedure
Outstanding Amount
Today's Payment
Today's Copay (expected office visit copay $)
Coinsurance (usual coinsurance %)
$
504
508
512
516
520
500

FIG. 5

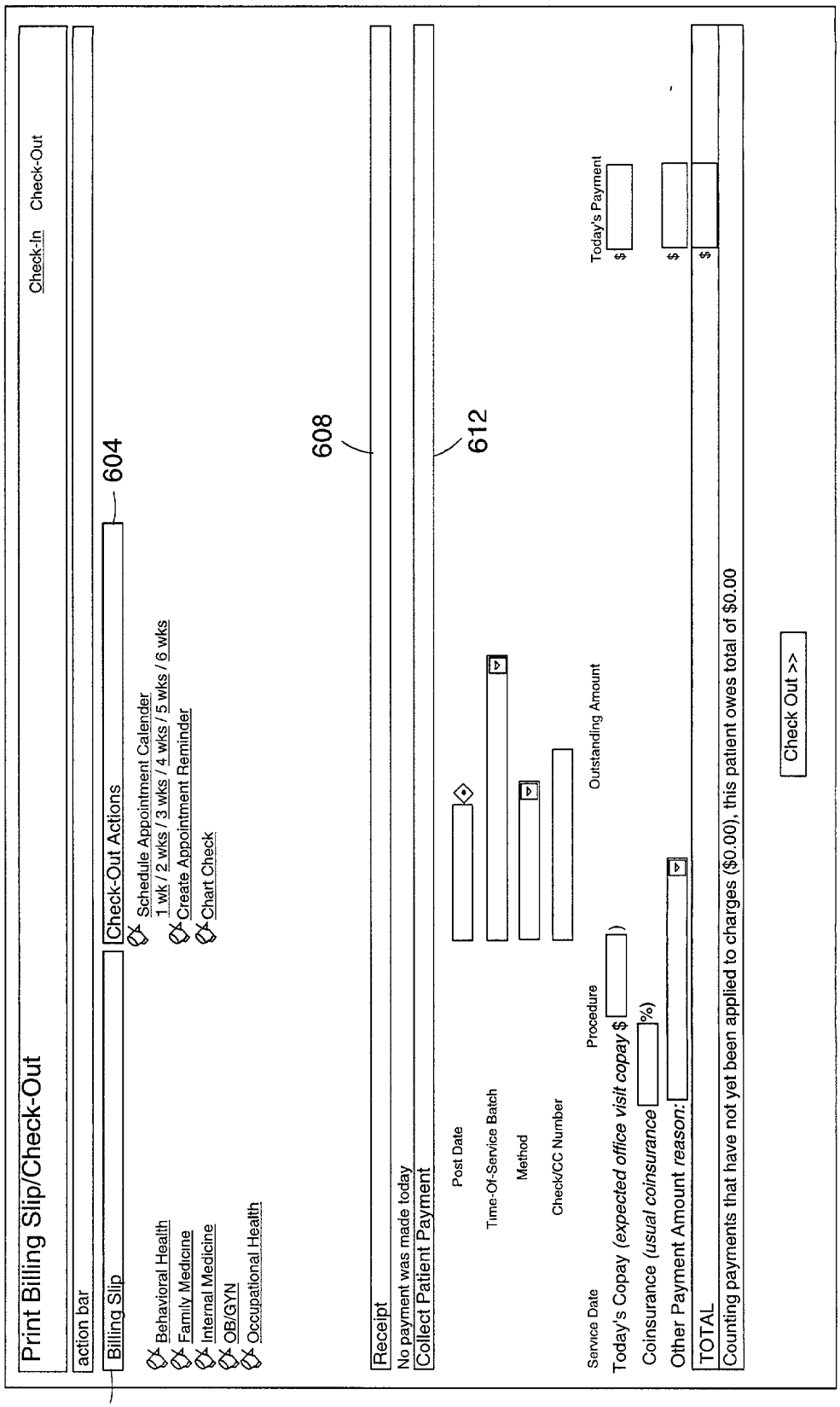
Print Billing Slip/Check-Out
Check-In Check-Out
action bar
Billing Slip
Check-Out Actions
Schedule Appointment Calender
1 wk / 2 wks / 3 wks / 4 wks / 5 wks / 6 wks
Create Appointment Reminder
Chart Check
Behavioral Health
Family Medicine
Internal Medicine
OB/GYN
Occupational Health
Receipt
No payment was made today
Collect Patient Payment
Post Date
Time-Of-Service Batch
Method
Check/CC Number
Service Date
Procedure
Outstanding Amount
Today's Payment
Today's Copay (expected office visit copay $)
Coinsurance (usual coinsurance %)
Other Payment Amount reason:
TOTAL
Counting payments that have not yet been applied to charges ($0.00), this patient owes total of $0.00
Check Out >>
602
604
608
612
600

FIG. 6

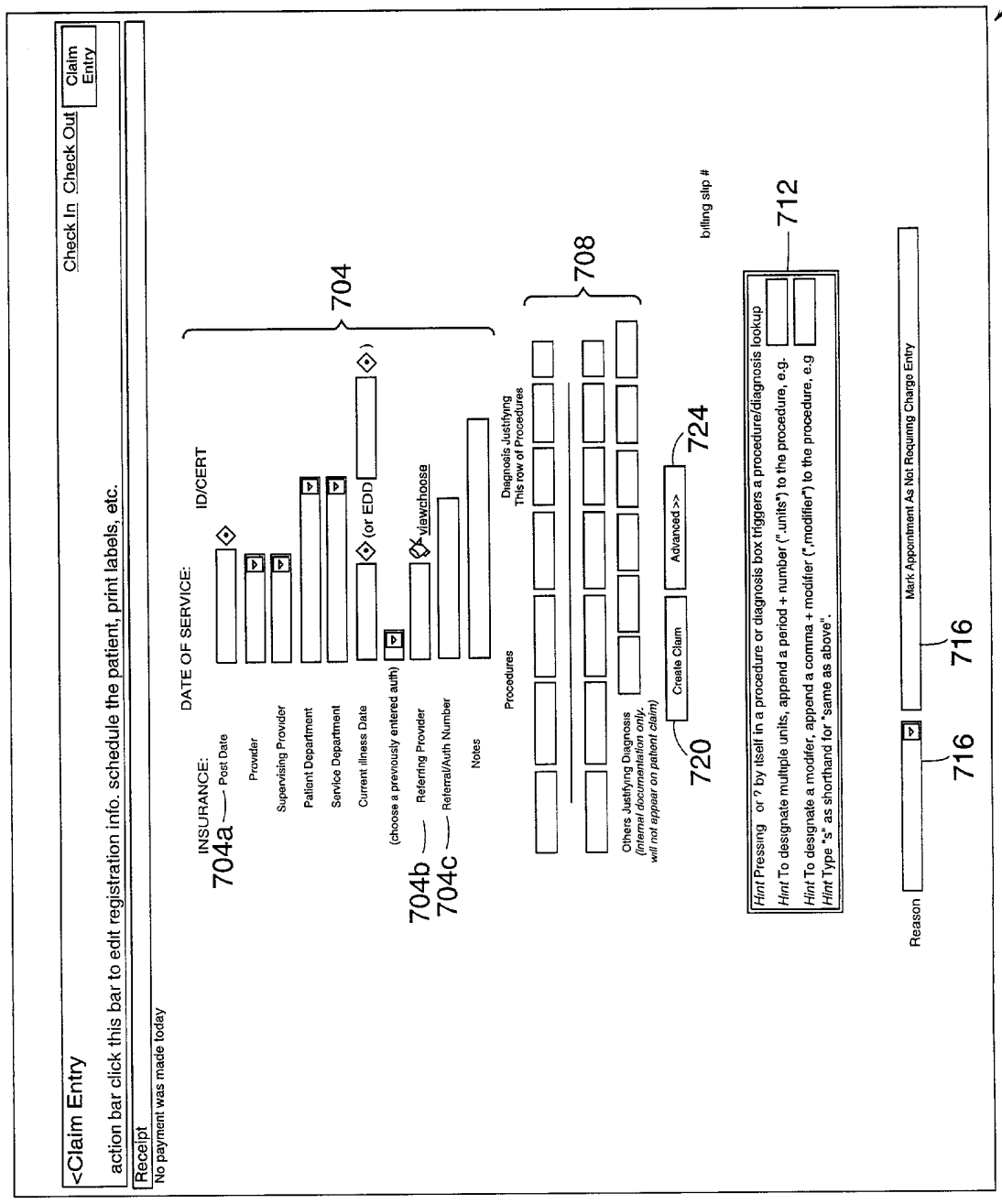
<Claim Entry
Check In Check Out Claim Entry
action bar click this bar to edit registration info. schedule the patient, print labels, etc.
Receipt
No payment was made today
INSURANCE:
704a
Post Date
Provider
Supervising Provider
Patient Department
Service Department
Current illness Date
DATE OF SERVICE:
ID/CERT
(or EDD)
704
(choose a previously entered auth)
704b
Referring Provider
704c
Referral/Auth Number
viewchoose
Notes
Procedures
Diagnosis Justifying This row of Procedures
708
Others Justifying Diagnosis (Internal documentation only, will not appear on patient claim)
Create Claim
720
Advanced >>
724
billing slip #
Hint Pressing or ? by itself in a procedure or diagnosis box triggers a procedure/diagnosis lookup
Hint To designate multiple units, append a period + number (".units") to the procedure, e.g.
Hint To designate a modifer, append a comma + modifier (",modifier") to the procedure, e.g
Hint Type "s" as shorthand for "same as above".
712
Reason
716
Mark Appointment As Not Requiring Charge Entry
716

FIG. 7A

700

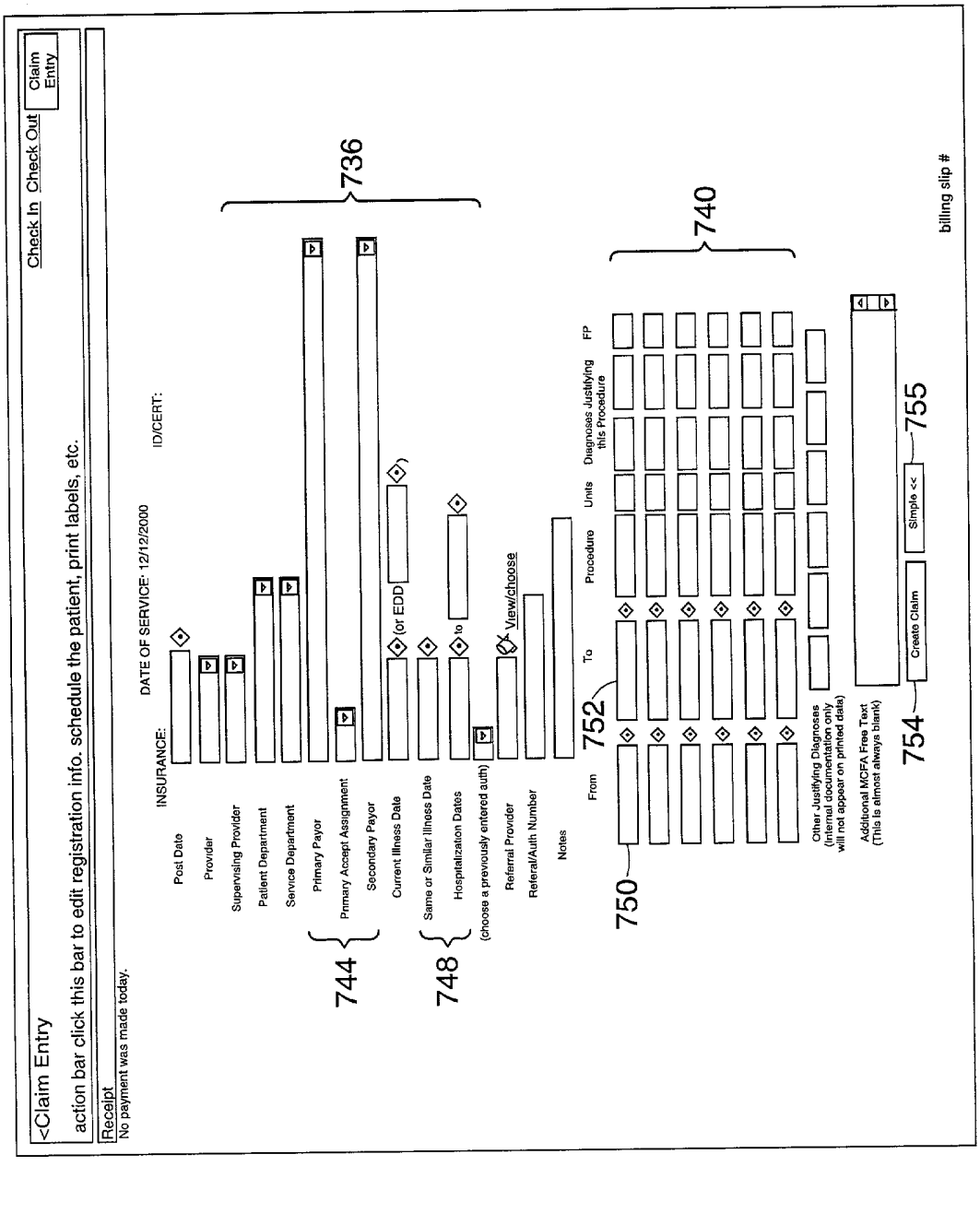
<Claim Entry
Check In Check Out Claim Entry
action bar click this bar to edit registration info. schedule the patient, print labels, etc.
Receipt
No payment was made today.
INSURANCE:
DATE OF SERVICE: 12/12/2000
ID/CERT:
Post Date
Provider
Supervising Provider
Patient Department
Service Department
Primary Payor
Primary Accept Assignment
Secondary Payor
Current Illness Date
(or EDD
Same or Similar Illness Date
Hospitalization Dates
to
(choose a previously entered auth)
Referral Provider
View/choose
Referral/Auth Number
Notes
744
748
736
From
To
Procedure
Units
Diagnoses Justifying this Procedure
FP
750
752
740
Other Justifying Diagnoses (internal documentation only, will not appear on printed data)
Additional MCFA Free Text (This is almost always blank)
754
Create Claim
Simple <<
755
billing slip #
732

FIG. 7B

15/22

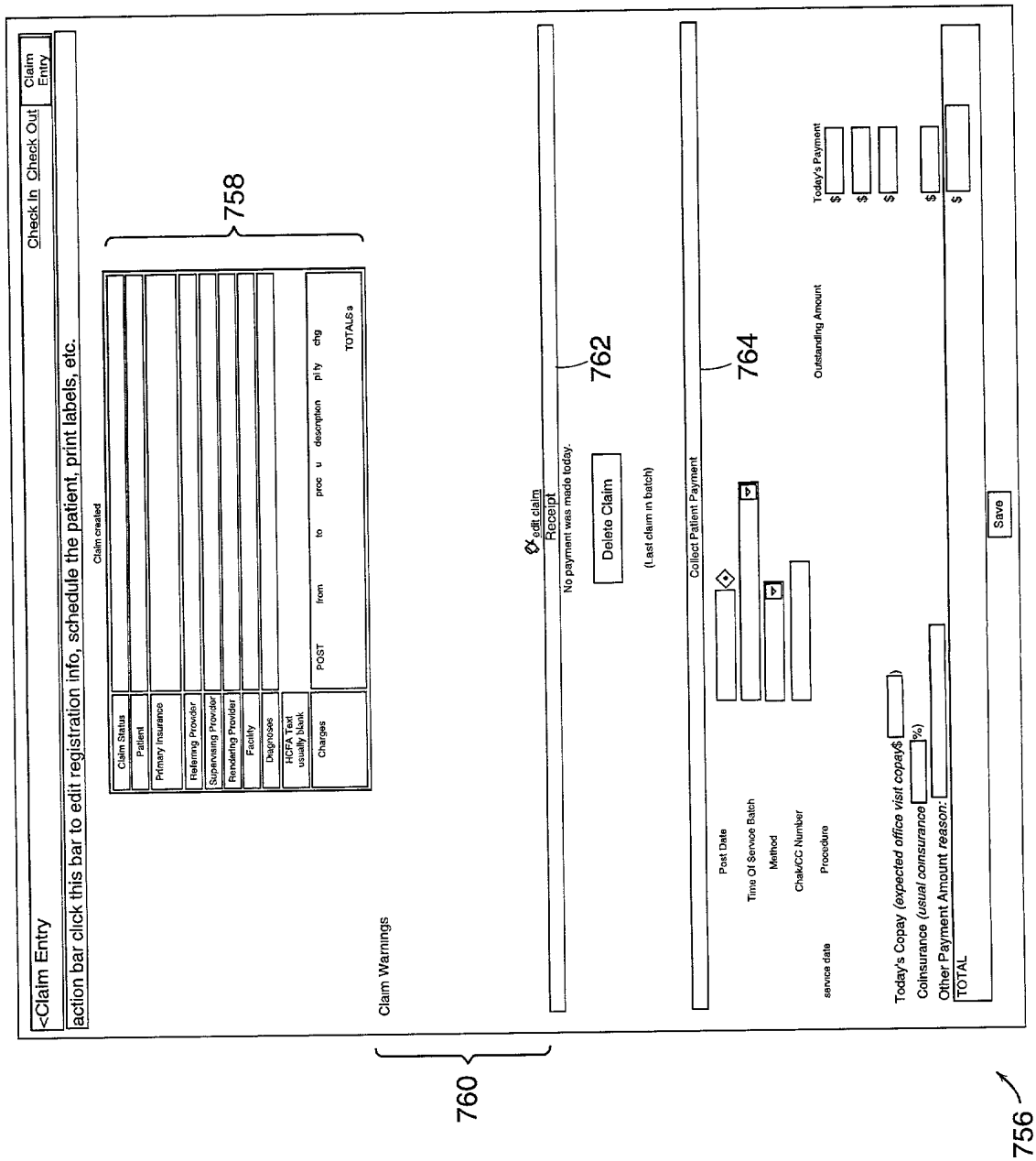
<Claim Entry
Check In Check Out Claim Entry
action bar click this bar to edit registration info, schedule the patient, print labels, etc.
Claim created
Claim Status
Patient
Primary Insurance
Referring Provider
Supervising Provider
Rendering Provider
Facility
Diagnoses
HCFA Text usually blank
Charges
POST from to proc u desc mpton pi ty chg
TOTALS a
758
Claim Warnings
760
edit claim
Receipt
No payment was made today.
Delete Claim
762
(Last claim in batch)
Collect Patient Payment
764
Post Date
Time Of Service Batch
Method
Chak/CC Number
Procedure
service date
Outstanding Amount
Today's Payment
$
Today's Copay (expected office visit copay$)
Coinsurance (usual coinsurance %)
Other Payment Amount reason:
TOTAL
Save
756

FIG. 7C

16/22

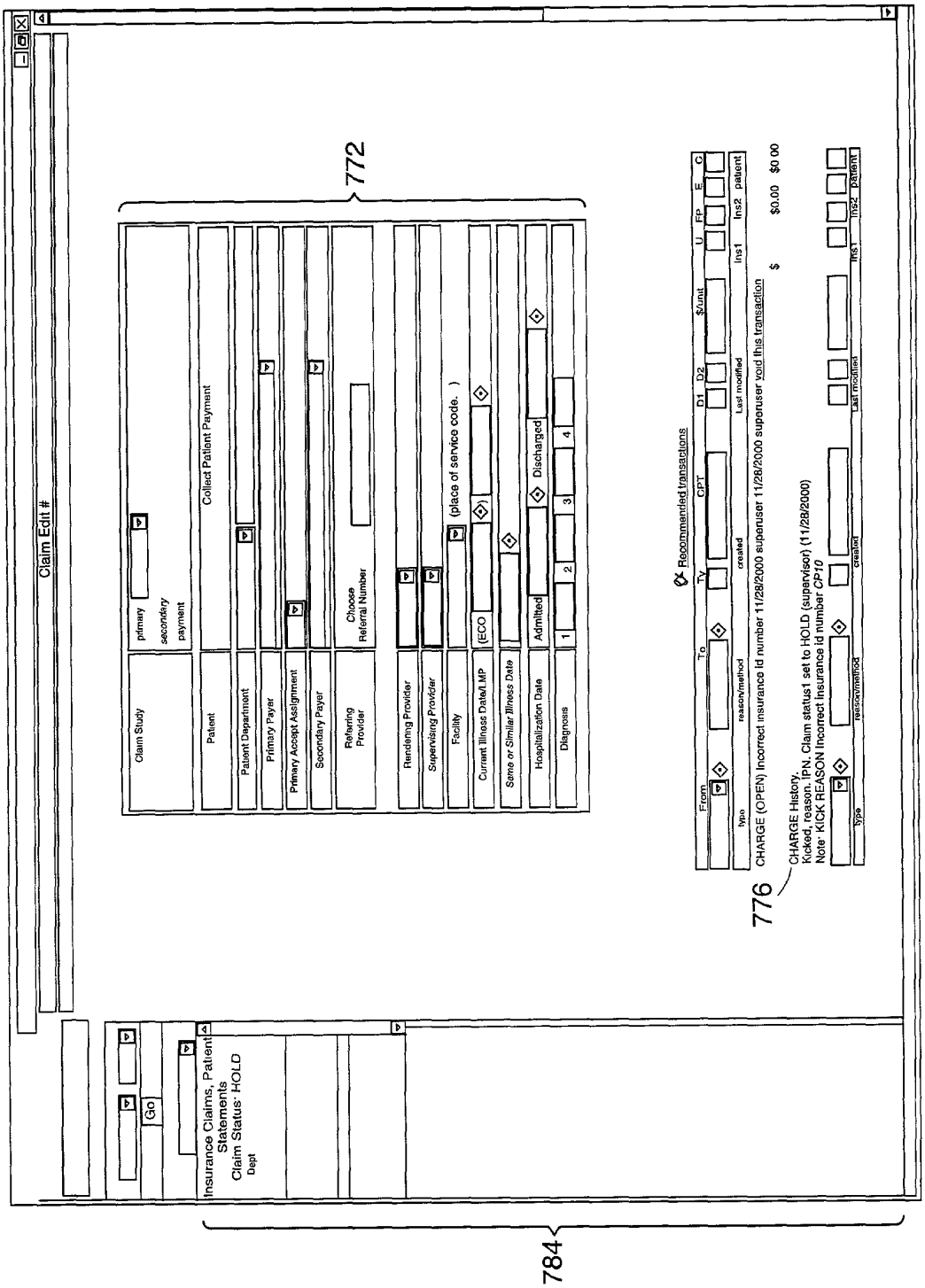
Claim Edit #
Claim Study
primary
secondary payment
Collect Patient Payment
Patient
Patient Department
Primary Payer
Primary Accept Assignment
Secondary Payer
Referring Provider
Choose Referral Number
Rendering Provider
Supervising Provider
Facility
(place of service code.)
Current Illness Date/LMP
(ECO
Same or Similar Illness Date
Hospitalization Date
Admitted
Discharged
Diagnosis
772
Recommended transactions
From
To
Typo
reason/method
created
CPT
Mv
D1
D2
$/unit
U
FP
E
C
Last modified
Ins1
Ins2
patient
CHARGE (OPEN) Incorrect insurance Id number 11/28/2000 superuser 11/28/2000 superuser void this transaction
$ $0.00 $0.00
776
CHARGE History:
Kicked, reason, IPN, Claim status1 set to HOLD (supervisor) (11/28/2000)
Note: KICK REASON Incorrect insurance id number CP10
Go
Insurance Claims, Patient Statements
Claim Status: HOLD
Dept
784
768

FIG. 7D

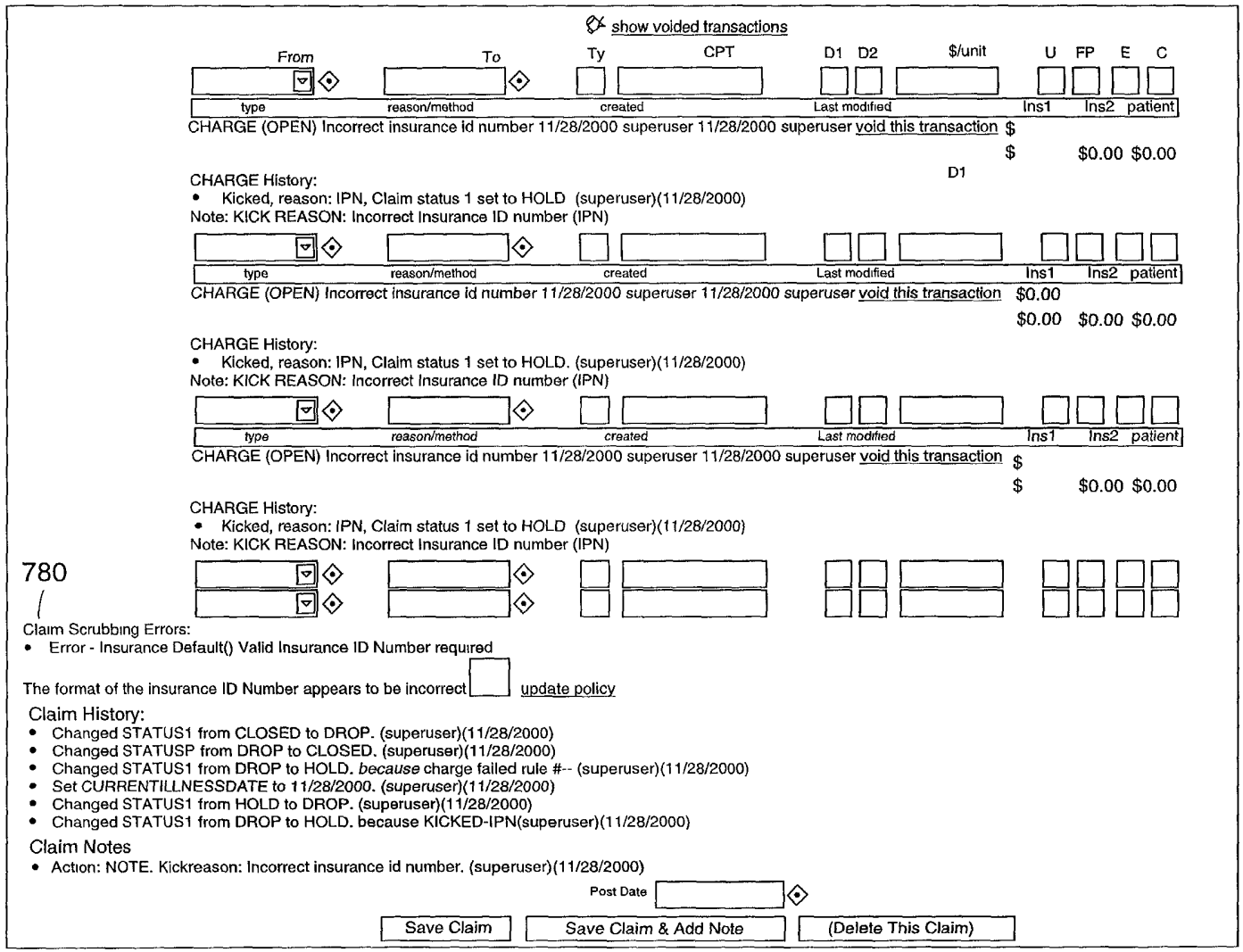
show voided transactions
From
To
Ty
CPT
D1 D2
$/unit
U FP E C
type
reason/method
created
Last modified
Ins1 Ins2 patient
CHARGE (OPEN) Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction $
$ $0.00 $0.00
D1
CHARGE History:
• Kicked, reason: IPN, Claim status 1 set to HOLD (superuser)(11/28/2000)
Note: KICK REASON: Incorrect Insurance ID number (IPN)
CHARGE (OPEN) Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction $0.00
$0.00 $0.00 $0.00
CHARGE History:
• Kicked, reason: IPN, Claim status 1 set to HOLD. (superuser)(11/28/2000)
Note: KICK REASON: Incorrect Insurance ID number (IPN)
CHARGE (OPEN) Incorrect insurance id number 11/28/2000 superuser 11/28/2000 superuser void this transaction $
$ $0.00 $0.00
CHARGE History:
• Kicked, reason: IPN, Claim status 1 set to HOLD (superuser)(11/28/2000)
Note: KICK REASON: Incorrect Insurance ID number (IPN)
780
Claim Scrubbing Errors:
• Error - Insurance Default() Valid Insurance ID Number required
The format of the insurance ID Number appears to be incorrect
update policy
Claim History:
• Changed STATUS1 from CLOSED to DROP. (superuser)(11/28/2000)
• Changed STATUSP from DROP to CLOSED. (superuser)(11/28/2000)
• Changed STATUS1 from DROP to HOLD. because charge failed rule #-- (superuser)(11/28/2000)
• Set CURRENTILLNESSDATE to 11/28/2000. (superuser)(11/28/2000)
• Changed STATUS1 from HOLD to DROP. (superuser)(11/28/2000)
• Changed STATUS1 from DROP to HOLD. because KICKED-IPN(superuser)(11/28/2000)
Claim Notes
• Action: NOTE. Kickreason: Incorrect insurance id number. (superuser)(11/28/2000)
Post Date
Save Claim
Save Claim & Add Note
(Delete This Claim)
770

FIG. 7E

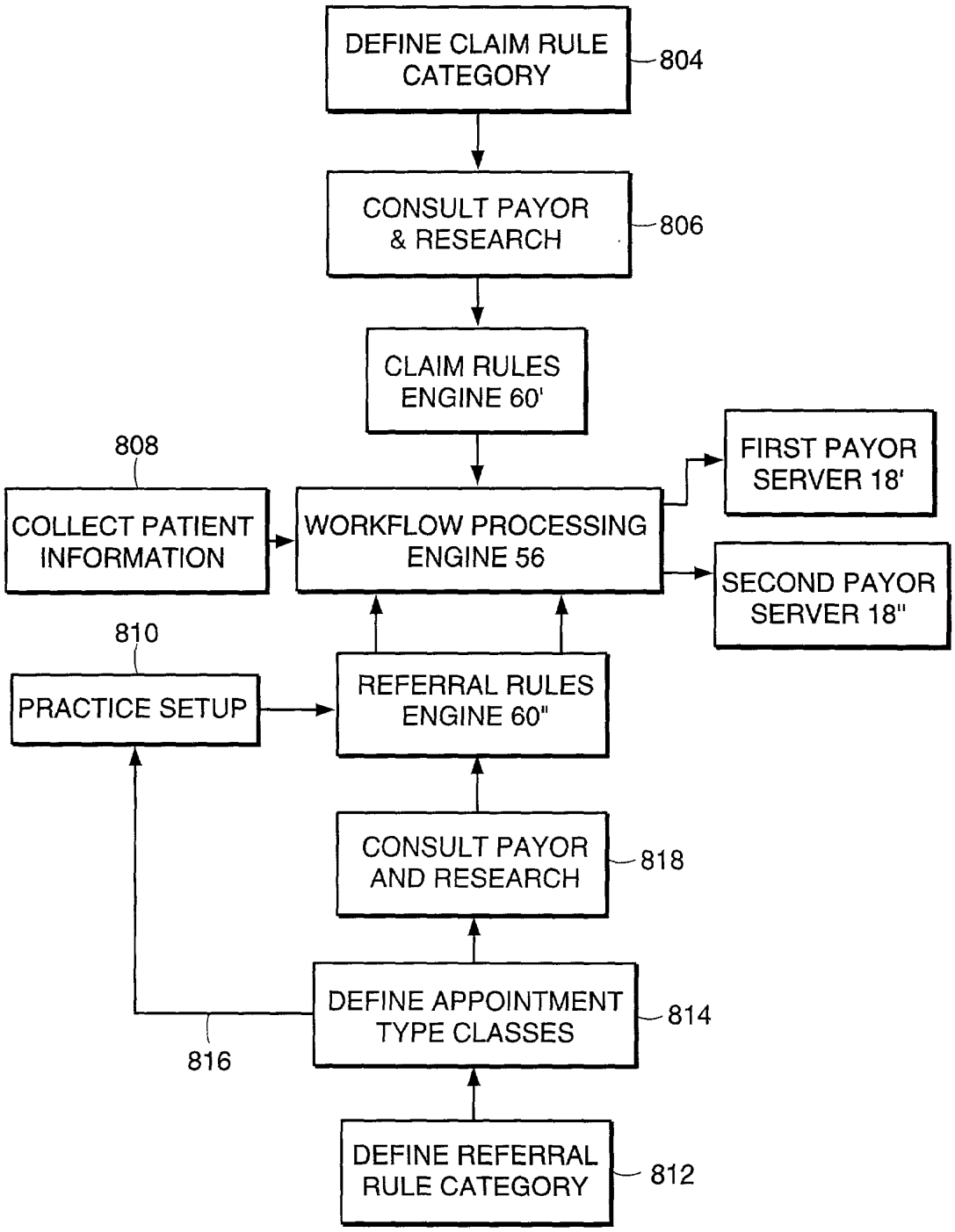
DEFINE CLAIM RULE CATEGORY
804
CONSULT PAYOR & RESEARCH
806
CLAIM RULES ENGINE 60'
808
COLLECT PATIENT INFORMATION
WORKFLOW PROCESSING ENGINE 56
FIRST PAYOR SERVER 18'
SECOND PAYOR SERVER 18"
810
PRACTICE SETUP
REFERRAL RULES ENGINE 60"
CONSULT PAYOR AND RESEARCH
818
DEFINE APPOINTMENT TYPE CLASSES
814
816
DEFINE REFERRAL RULE CATEGORY
812

FIG. 8A

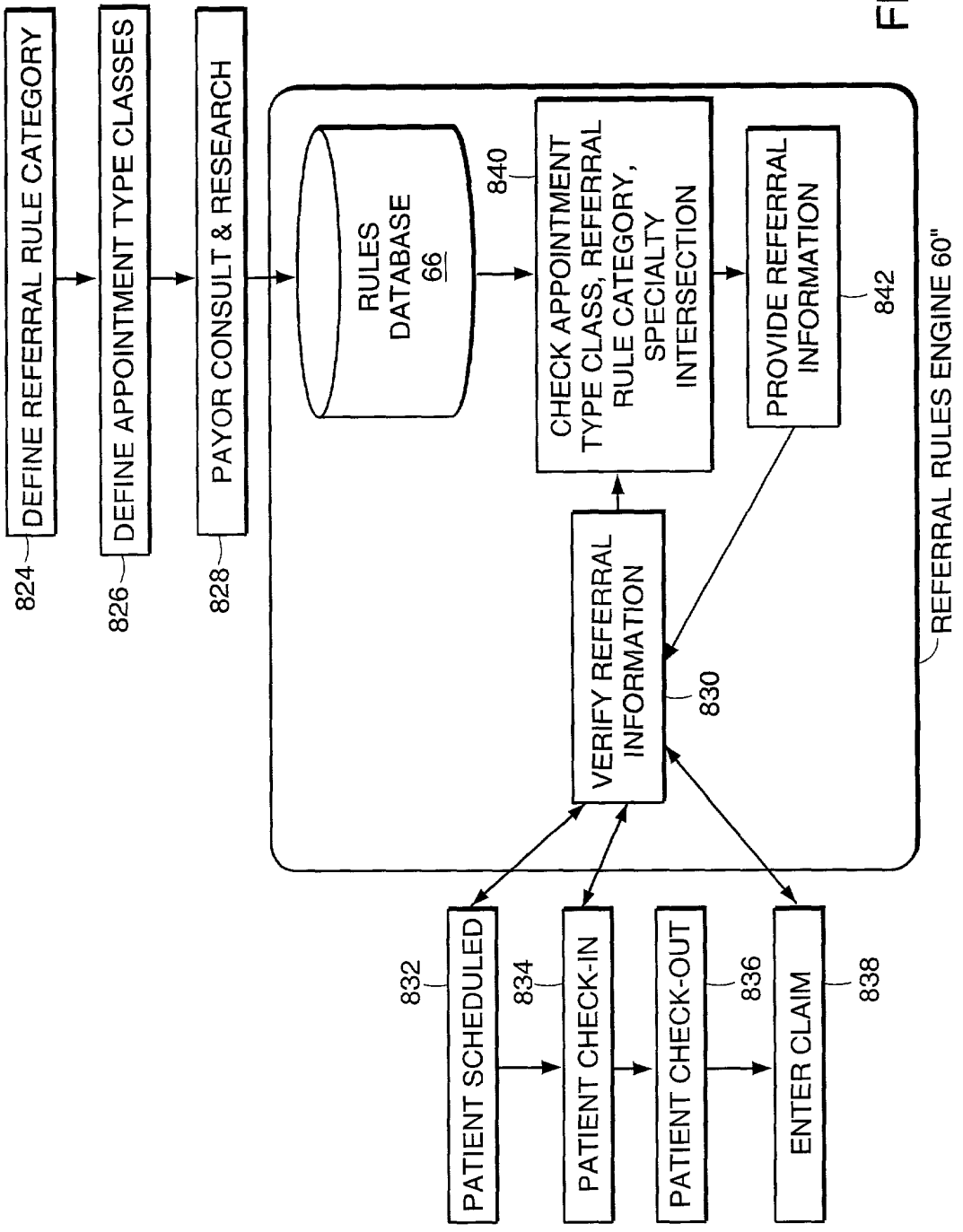
DEFINE REFERRAL RULE CATEGORY
824
DEFINE APPOINTMENT TYPE CLASSES
826
PAYOR CONSULT & RESEARCH
828
RULES DATABASE 66
840
CHECK APPOINTMENT TYPE CLASS, REFERRAL RULE CATEGORY, SPECIALTY INTERSECTION
PROVIDE REFERRAL INFORMATION
842
VERIFY REFERRAL INFORMATION
830
REFERRAL RULES ENGINE 60"
PATIENT SCHEDULED
832
PATIENT CHECK-IN
834
PATIENT CHECK-OUT
836
ENTER CLAIM
838

FIG. 8B

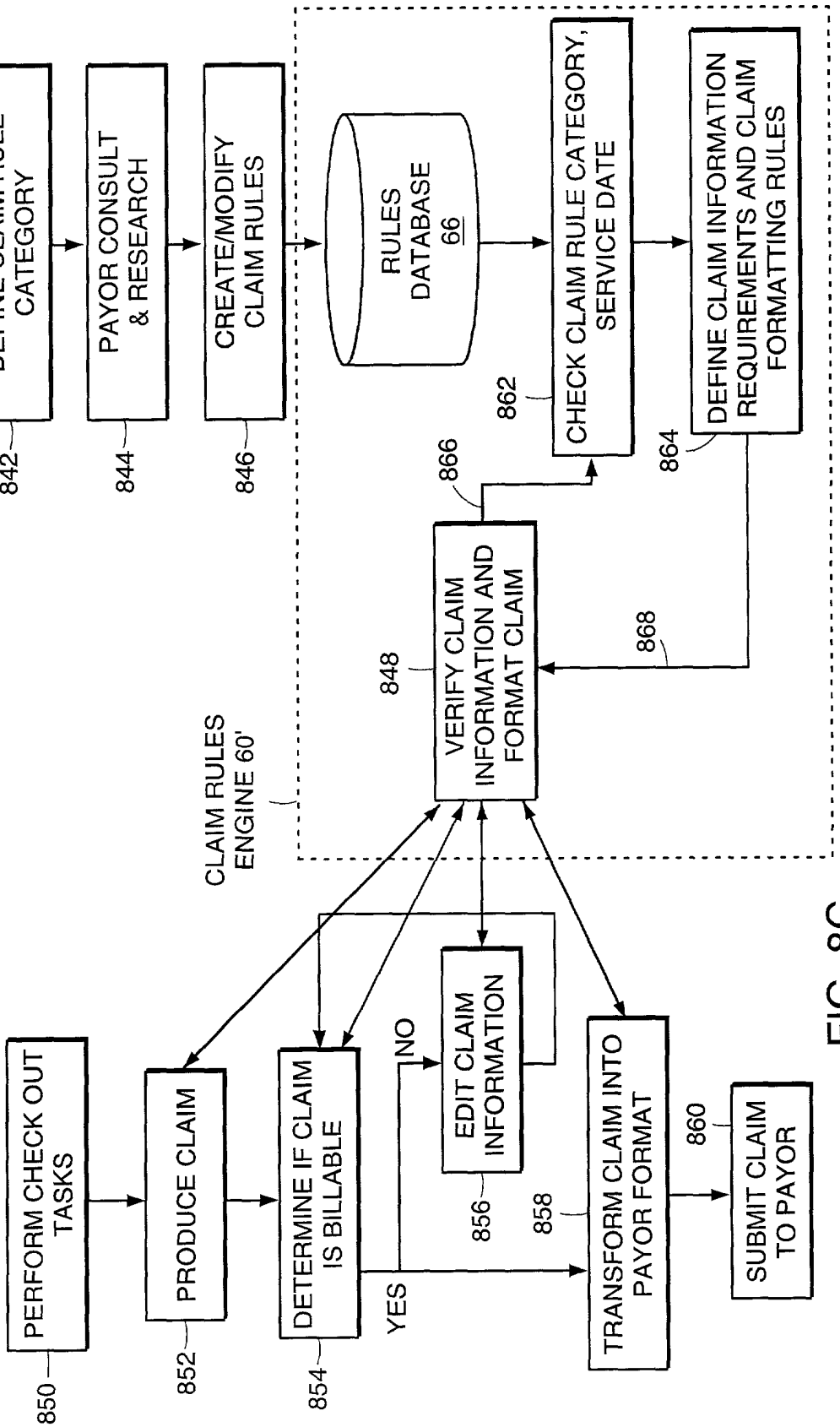
DEFINE CLAIM RULE CATEGORY
PAYOR CONSULT & RESEARCH
CREATE/MODIFY CLAIM RULES
RULES DATABASE 66
CHECK CLAIM RULE CATEGORY, SERVICE DATE
DEFINE CLAIM INFORMATION REQUIREMENTS AND CLAIM FORMATTING RULES
842
844
846
862
864
866
868
CLAIM RULES ENGINE 60'
VERIFY CLAIM INFORMATION AND FORMAT CLAIM
848
PERFORM CHECK OUT TASKS
PRODUCE CLAIM
DETERMINE IF CLAIM IS BILLABLE
NO
YES
EDIT CLAIM INFORMATION
TRANSFORM CLAIM INTO PAYOR FORMAT
SUBMIT CLAIM TO PAYOR
850
852
854
856
858
860

FIG. 8C

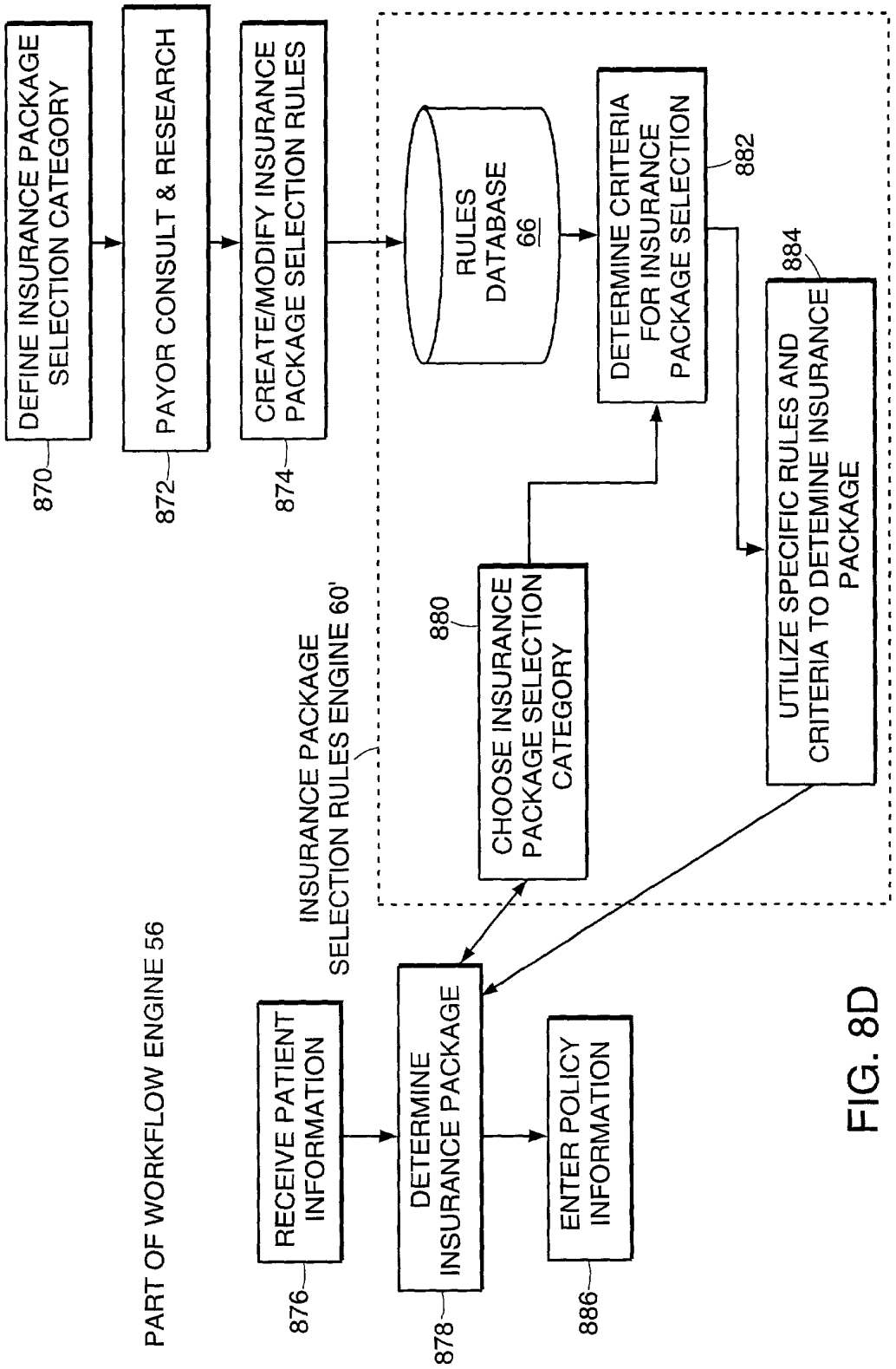
PART OF WORKFLOW ENGINE 56
INSURANCE PACKAGE SELECTION RULES ENGINE 60'
DEFINE INSURANCE PACKAGE SELECTION CATEGORY
870
PAYOR CONSULT & RESEARCH
872
CREATE/MODIFY INSURANCE PACKAGE SELECTION RULES
874
RULES DATABASE 66
DETERMINE CRITERIA FOR INSURANCE PACKAGE SELECTION
882
884
UTILIZE SPECIFIC RULES AND CRITERIA TO DETEMINE INSURANCE PACKAGE
880
CHOOSE INSURANCE PACKAGE SELECTION CATEGORY
RECEIVE PATIENT INFORMATION
876
DETERMINE INSURANCE PACKAGE
878
ENTER POLICY INFORMATION
886

FIG. 8D

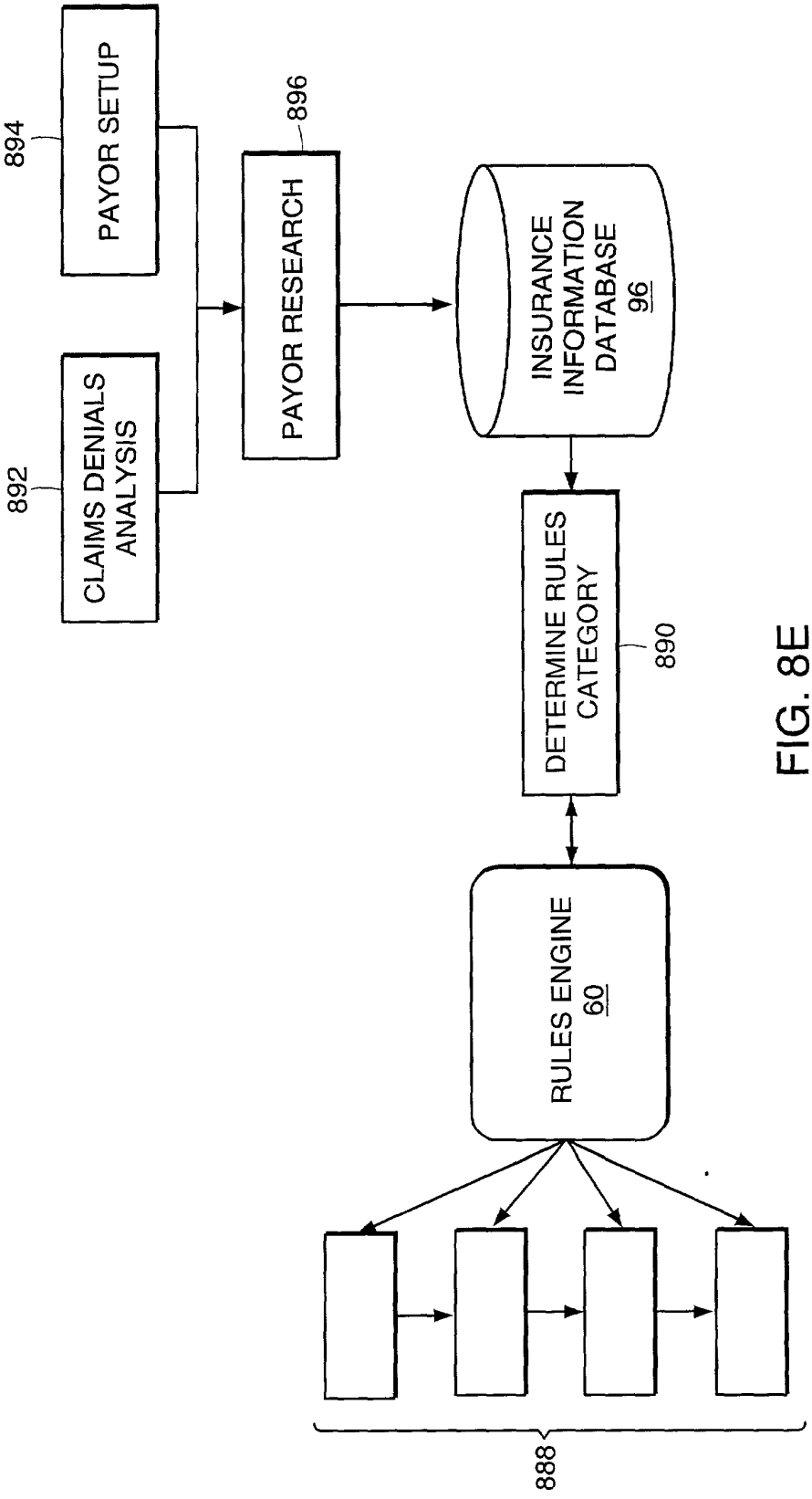
PAYOR SETUP
894
CLAIMS DENIALS ANALYSIS
892
PAYOR RESEARCH
896
INSURANCE INFORMATION DATABASE 96
DETERMINE RULES CATEGORY
890
RULES ENGINE 60
888

FIG. 8E